Fill in this information to identify	your case:					
Debtor 1 Humberto	Vela, Jr.					
First Name Debtor 2	Middle Name	Last Namo				
(Spouse, if filing) First Name United States Bankruptcy Court for the:	Middle Name	Last Name				
Case number	Doditient District of Texas			Check if th	is is:	
(If known)				_	ended filing	
					lement showing postpetition chap as of the following date:	pter 13
Official Form 106I				7	O/ YYYY	
Schedule I: You	ır Income				1:	2/15
Be as complete and accurate as posupplying correct information. If you are separated and your spouseparate sheet to this form. On the Part 1: Describe Employment	ou are married and not fili use is not filing with you, top of any additional pag	ng jointly, and yo do not include inf	our spouse is formation ab	living with your spou	ou, include information about your ise. If more space is needed, attac	r spouse.
Fill in your employment information.		Debtor 1			Debtor 2 or non-filing spouse	
If you have more than one job, attach a separate page with information about additional employers.	Employment status	☑ Employed ☐ Not employ	red		☐ Employed ☐ Not employed	
Include part-time, seasonal, or self-employed work.	Water Prince and Common	Owner/Admir	nistrator/Di	r Nursina		
Occupation may include student or homemaker, if it applies.	Occupation	1011 - 1020 - 10			**************************************	
	Employer's name San Agustin Home Health Service Employer's address 1001 Corpus Christi Street Number Street		Ith Service			
			eet	Number Street		
		Laredo	TX	78040	City State ZIP Co	ode.
	How long employed there? 11 years					700
Part 2: Give Details About	Monthly Income					
Estimate monthly income as of spouse unless you are separated		ı, If you have nothi	ing to report f	or any line, wri	te \$0 in the space. Include your non-	filing
If you or your non-filing spouse habelow. If you need more space, a	ive more than one employe		rmation for a	II employers fo	r that person on the lines	
			For	Debtor 1	For Debtor 2 or non-filing spouse	
List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.			2. \$	6,460.00	\$	
3. Estimate and list monthly overtime pay.			3. +\$	0.00	+ \$	
4. Calculate gross income. Add line 2 + line 3.			4. \$	6,460.00	\$	

Vela, Jr.

Humberto

Debtor 1

Case number (if known) First Name Middle Name Last Name For Debtor 1 For Debtor 2 or non-filing spouse 6,460.00 Copy line 4 here....→ 4. 5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5a 5b. Mandatory contributions for retirement plans 5b. 5c. Voluntary contributions for retirement plans 5c. 5d. Required repayments of retirement fund loans 5d. 5e. 5f. Domestic support obligations 5g. Union dues 5g. 5h. Other deductions. Specify: 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h. 6,460.00 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total 8a. monthly net income. 8b. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce 8c. settlement, and property settlement. 8d. Unemployment compensation 8d 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8f. Specify: 8g. 8g. Pension or retirement income 8h. 8h. Other monthly income. Specify: 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. 0.00 10. Calculate monthly income. Add line 7 + line 9. 6,460.00 6,460.00 10 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. 6,460.00 Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies 12. Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? ☐ No. The business census of patients are continuing to decrease, which will decrease revenues. Yes. Explain: